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**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION****PATENT APPLICATION**ATTORNEY DOCKET NO. WRAMC 02-41 05

I, a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System, Method and Article of Manufacture for Providing Automated Podiatry-Related Consultation

the specification of which is attached hereto unless the following box is checked:

(X) was filed on 11/26/2003

as US Application Serial No. or PCT International Application

Number 10/721,776

and was amended on _____

(if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: _____ NO: _____
			YES: _____ NO: _____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE
60/429,336	11/27/2002

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the practitioners at customer number 27370 as my attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to:Office of the Staff Judge Advocate
Department of the Army
U.S. Army Medical Research and Materiel Command
ATTN: MCMR-JA (Elizabeth Arwine, Esq.)
504 Scott Street
Fort Detrick, Maryland 21702-5012**Direct Telephone Calls To:**Elizabeth Arwine, Esq.
(301) 619-7808

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Grigori GndiyakResidence: 10720 Enfield Drive, Woodstock, Maryland 21163Citizenship: USPost Office Address: Same

Inventor's Signature

Date

07/09/04

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)**ATTORNEY DOCKET NO. WRAMC 02-41.05Full Name of Inventor: Shari M. TomasettiCitizenship: USResidence: 12 South Street Apt. #1, Brighton, Massachusetts 02115Post Office Address: Same

Inventor's Signature _____

Date _____

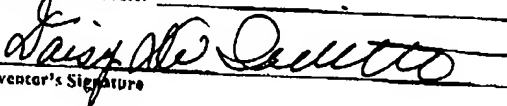
Full Name of Inventor: Mark JacobsCitizenship: USResidence: 606 N. Edison Street, Arlington, VA 22203Post Office Address: Same

Inventor's Signature _____

Date _____

Full Name of Inventor: Onisy DewittCitizenship: USResidence: 12601 Arbor View Court, Silver Spring, Maryland 20902

Post Office Address: _____

Inventor's Signature Date 7/9/04

Full Name of Inventor: _____

Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature _____

Date _____

Full Name of Inventor: _____

Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature _____

Date _____

Full Name of Inventor: _____

Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature _____

Date _____

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CAHN & SAMUELS, LLP

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PATENT APPLICATION

ATTORNEY DOCKET NO. WRAMC 02-41 05SUBSCRIPTION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

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My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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the specification of which is attached hereto unless the following box is checked:

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Send Correspondence to:

Office of the Staff Judge Advocate
Department of the Army
U.S. Army Medical Research and Materiel Command
ATTN: MCMR-JA (Elizabeth Arwine, Esq.)
504 Scott Street
Fort Detrick, Maryland 21702-5012

Direct Telephone Calls To:

Elizabeth Arwine, Esq.
(301) 619-7808

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Grigorii GadiyakCitizenship: USResidence: 10720 Enfield Drive, Woodstock, Maryland 21163Post Office Address: Same

Inventor's Signature

Date

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. WRAMC 02-41 05

Full Name of Inventor: Shari Tomasetti

Citizenship: US

Residence: 12 South St. Apt. 1, Brighton, Massachusetts 02135

Post Office Address: Same

Inventor's Signature

Date

Full Name of Inventor: Mark Jacobs

Citizenship: US

Residence: 606 N. Edison Street, Arlington, Virginia 22203

Post Office Address: Same

Inventor's Signature

Date

Full Name of Inventor: Daisy Dewitt

Citizenship: US

Residence: 12601 Arbor View Court, Silver Spring, Maryland 20902

Post Office Address: _____

Inventor's Signature

Date

Full Name of Inventor: _____

Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature

Date

Full Name of Inventor: _____

Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature

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Full Name of Inventor: _____

Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature

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Full Name of Inventor: Grigori Gadlyak Citizenship: US
Residence: 10720 Enfield Drive, Woodstock, Maryland 21163
Post Office Address: Same

Inventor's Signature _____ Date _____

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)

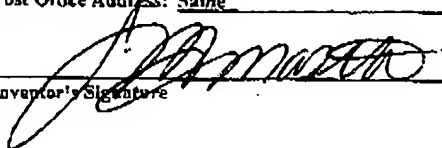
ATTORNEY DOCKET NO. WRAMC 02-41 05

Full Name of Inventor: Shari M. Tomasetti

Citizenship: US

Residence: 12 South Street Apt. #1, Brighton, Massachusetts 02135

Post Office Address: Same

Inventor's Signature 

Date 7/9/04

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Citizenship: US

Residence: 12601 Arbor View Court, Silver Spring, Maryland 20902

Post Office Address: _____

Inventor's Signature _____

Date _____

Full Name of Inventor: _____

Citizenship: _____

Residence: _____

Post Office Address: _____

Inventor's Signature _____

Date _____

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Citizenship: _____

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Post Office Address: _____

Inventor's Signature _____

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